

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-03-2694.M2**

February 13, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-03-0539-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on ___ external review panel. This physician is a board certified orthopedic surgeon. ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 56 year-old female who sustained a work related injury to her knee on ___. The patient has undergone an MRI and X-Rays of the left knee. Diagnoses for this patient include derangement meniscus NEC, chondromalacia and tricompartmental osteoarthritis.

Requested Services

Total Left Knee Replacement.

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

___ physician reviewer noted that the documentation provided lacked radiological evidence/confirmation of the arthroscopic findings of elements of tricompartmental osteoarthritis. ___ physician reviewer explained that a radiograph was ordered at the last clinic visit. However, ___ physician reviewer noted that the findings of the ordered radiograph are not included in the documents provided for review. ___ physician reviewer noted that the last known radiograph of

the patient's left knee was in August of 2000 and was interpreted by a physician's assistant as normal. ___ physician reviewer also noted that the records provided for review, lacked documentation regarding the extent of the areas of chondral injury at the time of the previous arthroscopy. ___ physician reviewer further noted that the records provided for review failed to demonstrate that the residual pathology shown on the MRI was addressed other than performing arthroplasty. ___ physician reviewer explained that without radiographic documentation showing arthritic changes, or documentation of osteoarthritic changes known from arthroscopy, it is not normal practice to proceed with a total knee arthroplasty. Therefore, ___ physician consultant concluded that the total left knee replacement is not medically necessary to treat this patient's condition at this time.

This decision is deemed to be a TWCC Decision and Order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10 (ten)** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20 (twenty)** days of your receipt of this decision. (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed. (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. (Commission Rule 133.308(t)(2)).

Sincerely,

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I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 13th day of February 2003.